

INS. CASE OWNER:

NORWAM

CC

3 / M6 180

16736, K223

LKK:

IDAC:

Surveyor:

KSL

DOI:

ASSIGNMENT

12/9/18

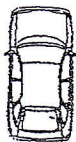
Date / Time:

12/9/18

Registered in Merimen:

13/9/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLS 5582 L

Name of Insured:

Ng Wei Sun, Andy

Insured Tel No.:

98790209

HP:

98629839

Excess Sec II :SS

D.O.A.:

10/9/2018

Claim No.:

7083 9195549 G

Policy No.:

1700258032

Make / Model:

N. QASHAI

Place of Accident:

KPE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

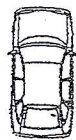
Final ? Yes / No

GB6 431T

SKX 3062Y

SLS 5582L

SHF 572P



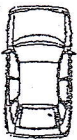
INSRS:

WSP:

Tel:

Liability:

RMKS:



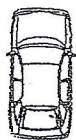
INSRS:

WSP:

Tel:

Liability:

RMKS:



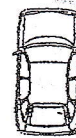
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-cab
7p

Date / Time

Date / Time		STAGE	DATE / PIC
18/9/18	SHF 572P - C3 / K11 60 W0586 / K11 02 ; D.O.A. 20/9/18	Non-Reporting ltr (1st):	
	- C4 / AXA 1600 9713 / M16392 ; D.O.A. 20/9/18	Non-Reporting ltr (2nd):	
	SLS 5582L - X	Non-Reporting ltr (Final):	
	- FINISHED	Notification ltr (if non-pickup):	
	- ORIGINAL TP LOG IN	Call OI:	
		After call ltr to OI:	26/07/19 - JC
		Documentation Check List: Handler	Typist
26/07/19	- PUB EQUIPMENT OI INVOLVED IN A 4	Notification ltr (if non-pickup):	
	VEH. C.C. & WAS THE 2ND CAR & WAS	After call ltr to OI:	
	PUSHED FORWARD FROM BEHIND.	Authorisation To Act:	
	2ND LOTTER & BULK TO OI TONOTIFY	Release Voucher:	
	TP CLAIM IN NCD ISSUES.	Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice:	
19/08/19	- SEND 1ST OFFER TO TP	LTA / GIA:	
	- TP ACCEPTED OFFER.	Medical Bill:	
	- ALL DOC IN ORDER.	PIR:	
	- TO CLOSE.	Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	

PRELIMINARY ADVICE	Date/Time:	Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	49	SS 6,080.00 (2.5 days) Reduction:	87 %	Email	Call
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FINAL SETTLEMENT	Date/Time:	Confirm with:	Email	Call
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Final Liability:	%	100 (Agreed / Assessed) BOLA S/N No.:	28	If NO or B 28, Ass. Lia:	0%
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Repair Cost: (w/ GST)	SS	6,173.50		CA VEH. C.C., OI 2ND CAR)	
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Loss of Rental (LOR):	SS	397.28 (4 days) x \$99.32			
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Loss of Use (LOU):	SS	- (\$ x days)			
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Loss of Income (LOI):	SS	200.00 (\$60 x 4 days)			
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LOR only	LOU only	LOR + LOU	LOR + LOI	[Tick only one]	
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GIA/LTA Search	SS	7.49			
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Medical:	SS	-		1) Claim status: Normal/Reject/Private Settle	
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Disbursement:	SS	-	(e.g. Tow/ Independent)	2) Report Format:	
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Legal Cost	SS	-		3) Survey fee:	\$320.00
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Total:	SS	7,078.27	Global Sum SS:	7,000.00	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email	Call
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Payee 1:	SS	7,000.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD	
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Payee 2: (Strike if N.A.)	SS	=	Name 2:	=	
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Payee 3: (Strike if N.A.)	SS	=	Name 3:	=	
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